MENT PREVIOUSLY AMENDMENT EXTRA PAID FOR Total Minus Independent Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT. CLAIM

		-		
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X43= .		ÖR	X86=	
+145• ·		OR	+290=	÷
TOTAL DOIL FEE		OR	. JOTAL	

· If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

mil the Highest Number Previously Paid Por' IN THIS SPACE is less than 3, enter 3. . The "Highest Humber Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1.

FORM PTO-475 (Aer 10:03)

Palent and Tratement Office, U.S. DEPARTMENT OF COMMERCE